

State of Minnesota**District Court****County of**

Judicial District: _____

Court File Number: _____

Assigned Judge: _____

Case Type: _____

Dissolution with Children**In Re the Marriage of:**_____
Name of Petitioner (first, middle, last)

and

Name of Respondent (first, middle, last)STATE OF MINNESOTA)
) SSCOUNTY OF _____)
(County where Petition is signed)**Petition For Dissolution Of
Marriage With Children****1. Information about Petitioner**Full Name: _____
First Middle LastAddress where you live: _____
Street Address Apt. No._____
City County State Zip CodeMailing address: ☐ Same as above address OR_____
Street Address Apt. No._____
City County State Zip CodeDate of Birth: _____
Month Day Year

List all of Petitioner's former or other names or write "None":

First Middle Last_____
First Middle Last

Petitioner's social security number is listed on Confidential Form 11.1 and submitted along with the Petition.

2. Information about Respondent

Full Name: _____
First Middle Last

Address: _____
Street Address Apt. No.

City County State Zip Code

☐ Respondent's address is unknown to Petitioner.

Respondent's Date of Birth: _____
Month Day Year

List all of Respondent's former or other names or write "None":

First Middle Last

First Middle Last

Respondent's social security number is listed on Confidential Form 11.1 and submitted along with the Petition.

3. Our Marriage

Petitioner and Respondent were married on: (month, day, year) _____
in the City of _____, County of _____,
State of _____, Country of _____

4. 180 Day Requirement

- a. Has Petitioner been living in Minnesota for the past six (6) months? ☐ YES ☐ NO
- b. Has Respondent been living in Minnesota for the past six (6) months?
☐ YES ☐ NO ☐ UNKNOWN
- c. Petitioner and Respondent were married in Minnesota, but neither Petitioner nor Respondent reside in Minnesota, nor reside in a jurisdiction that will allow us to maintain an action for dissolution because of the sex or sexual orientation of the Petitioner and Respondent. ☐ YES ☐ NO

5. Armed Forces

a. Is Petitioner an active duty member of the armed forces? ☐ YES ☐ NO

If YES, has Petitioner been stationed in Minnesota for the past six (6) months?

☐ YES ☐ NO

b. Is Respondent an active duty member of the armed forces?

☐ YES ☐ NO ☐ Unknown

If YES, has Respondent been stationed in Minnesota for the past (6) months?

☐ YES ☐ NO

6. Marriage Cannot be Saved

There has been an irretrievable breakdown of my marriage relationship with Respondent and the marriage cannot be saved.

7. Physical Living Situation

Do Petitioner and Respondent live together at this time? ☐ YES ☐ NO

If **NO**, the date we separated was: _____.
Month Day Year

If **YES**, why are you living together at this time? _____

8. Other Proceedings

a. Has a separate court case for marriage dissolution, legal separation, custody, paternity or annulment already been started by Petitioner or Respondent in Minnesota or elsewhere?

☐ YES ☐ NO If YES, the type of court case is: _____
_____, and it was started in _____ County in the State of _____
_____ and the Court file number is _____, and
the status or outcome of the case is:

☐ Open ☐ Closed ☐ I do not know

b. Has a County started a Support case involving the Petitioner and the Respondent or their children? ☐ YES ☐ NO If YES, the case was started in _____ County in the State of _____ and the Court file number is _____.

☐ **A copy of the Support Order is submitted with the Petition,**
or the case is ☐ Dismissed, or ☐ Pending.

9. Protection or Harassment Order

a. Is an *Order for Protection* or a *Harassment/Restraining Order* in effect regarding Petitioner and Respondent? ☐ YES ☐ NO **If YES:** The *Order* protects: ☐ Petitioner ☐ Respondent ☐ the child(ren) and the Order was filed in _____ County in _____ State on _____ date, and the Court file number is _____. **A copy of the Order must be submitted with this Petition.**

b. Does the Order for Protection include an order to pay child support? ☐ YES ☐ NO

10. Child Protection Court Case

Is a child protection case involving Petitioner and Respondent's child(ren) taking place in Minnesota or another state? ☐ YES ☐ NO

If YES, the case is in _____ County in the State of _____ and the Court file number is _____. The name of the child or children involved in the child protection case is: _____

11. Children Petitioner and Respondent Have Together (Joint Children)

"Child" means a living person under age 18, or under age 20 and still in high school.

a. Are there any children born to or adopted by Petitioner and Respondent together, either before or during the marriage? ☐ YES ☐ NO If YES,

Full Name of Child	Date of Birth	Age	Child Currently Lives With
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR _____ (write in name)

The social security number of the child(ren) is/are listed on Confidential Form 11.1 and is submitted along with the Petition.

If a child is living with someone other than a parent, write the child's address below:

Address: _____
Street Address
Apt. No.

City
County
State
Zip Code

b. Has each child born to or adopted by Petitioner and Respondent together lived in Minnesota for the past six (6) months? ☐ YES ☐ NO

If **NO**, name the child or children, name the State(s) the child has lived in during the past 6 months, and the dates the child lived in each state: _____

12. Adult Dependent Children

Support can be ordered for a joint child over age 18 who cannot support him/herself because of a physical or mental condition.

Is there an adult joint child born to or adopted by Petitioner and Respondent who is not able to support himself or herself because of a physical or mental condition? ☐ YES ☐ NO

If **YES**, the full name, date of birth and age of each adult dependent is:

Full Name of Dependent	Date of Birth	Age

The social security number of the adult dependent child(ren) is / are listed on Confidential Information Form 11.1 and submitted along with the Petition.

13. Pregnancy

a. Is Petitioner pregnant? ☐ YES ☐ NO

b. If Petitioner is pregnant answer (i) and (ii):

(i) The date the baby is due is _____
Month Day Year

(ii) Do Petitioner and Respondent agree that the spouse is the biological father of the unborn child? ☐ YES ☐ NO

If NO, ☐ Petitioner ☐ Respondent claims husband is not the biological father of the child, and Petitioner asks the Court to issue a separate order setting a hearing date for after the birth of the child to determine Paternity, unless appropriate Recognition of Parentage documents are signed by husband, wife and the biological father after the birth of the child.

c. Is Respondent pregnant? ☐ YES ☐ NO

d. If Respondent is pregnant answer (i) and (ii):

(i) The date the baby is due is _____
Month Day Year

(ii) Do Petitioner and Respondent agree that the spouse is the biological father of the unborn child? ☐ YES ☐ NO

If NO, ☐ Petitioner ☐ Respondent claims husband is not the biological father of the child, and Petitioner asks the Court to issue a separate order setting a hearing date for after the birth of the child to determine Paternity, unless appropriate Recognition of Parentage documents are signed by husband, wife and the biological father after the birth of the child.

14. Petitioner's Children from Other Relationship (Non-Joint Children)

a. Does Petitioner have minor child(ren) *born prior to the marriage* from another marriage or relationship?

☐ YES ☐ NO

If **YES**, the full name, date of birth and age of each child born prior to the marriage is:

Full Name of Child and Age	Date of Birth	Does Child Live with Petitioner?	Is Petitioner Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Has Petitioner given birth, *since marrying Respondent*, to a minor child who is not a child of the Respondent? ☐ YES ☐ NO

If **YES**, answer (i) , (ii), (iii) and (iv):

(i) List the full name, date of birth and age of each child born to Petitioner since marrying Respondent, who is not a child of the Respondent:

Full Name of Child and Age	Date of Birth	Does Child Live with Petitioner?	Is Petitioner Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

- (ii) Is there a Court Order naming someone other than the Respondent as the father of the child(ren) listed in (i) above? ☐ YES ☐ NO

If **YES**, attach a copy of the Order. The Order is for: _____
Full Name of Child(ren)

- (iii) Have the Petitioner and biological Father signed a Minnesota Recognition of Parentage for any of the children listed in (i) above? ☐ YES ☐ NO

- (iv) Has the Respondent signed the "Husband's Non-Paternity Statement" for any of the children listed at (i) above? ☐ YES ☐ NO

If **YES**, state the name of the child: _____ and

submit a copy of the "Husband's Non-Paternity Statement."

If **NO**, why not? _____

15. Respondent's Children from Other Relationship (Non-Joint Children)

- a. Does Respondent have minor child(ren) *born prior to the marriage* from another marriage or relationship? ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the full name, date of birth and age of each child *born prior to the marriage* is:

Full Name of Child and Age	Date of Birth	Does Child Live with Respondent?	Is Respondent Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

- b. Has Respondent given birth, *since marrying Petitioner*, to a minor child who is not a child of the Petitioner? ☐ YES ☐ NO

If **YES**, answer (i) , (ii), (iii) and (iv):

- (i) List the full name, date of birth and age of each child born to Respondent since marrying Petitioner, who is not a child of the Petitioner:

Full Name of Child and Age	Date of Birth	Does Child Live with Respondent?	Is Respondent Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

- (ii) Is there a Court Order naming someone other than the Petitioner as the father of the child(ren) listed in (i) above? ☐ YES ☐ NO

If **YES**, attach a copy of the Order. The Order is for: _____
Full Name of Child(ren)

- (iii) Have the Respondent and biological Father signed a Minnesota Recognition of Parentage for any of the children listed in (i) above? ☐ YES ☐ NO

If **YES**, state the full name of the child: _____ and
submit a copy of the Recognition of Parentage.

If **NO**, why not? _____

- (iv) Has the Petitioner signed the "Husband's Non-Paternity Statement " for any of the children listed at (i) above? ☐ YES ☐ NO

If **YES**, state the name of the child: _____ and
submit a copy of the "Husband's Non-Paternity Statement."

If **NO**, why not? _____

16. Custody

It is in the child's best interests that legal custody be granted as follows: (*check one*)

☐ Joint legal custody to both parents

☐ Sole legal custody to ☐ Petitioner ☐ Respondent

It is in the child's best interests that physical custody be granted as follows: *(check one)*

☐ Joint physical custody to both parents

☐ Sole physical custody to ☐ Petitioner ☐ Respondent

17. Parenting Time

Petitioner's parenting time with the joint children should be: (check one)

☐ unsupervised ☐ supervised ☐ reserved

Respondent's parenting time with the joint children should be: (check one)

☐ unsupervised ☐ supervised ☐ reserved

If parenting time is unsupervised for both parents, skip to Question 18.

For supervised parenting time answer a. and b. For reserved parenting time, answer c.

a. Explain how unsupervised parenting time is likely to endanger the child's physical or emotional health or impair the child's emotional development: _____

b. State who should supervise parenting time, and if there is a cost involved, who should pay the cost, and any other important details: _____

c. Explain why parenting time should be reserved: _____

18. Public Assistance from State of Minnesota

If either party is receiving public assistance from the State of Minnesota or applies for it after this

proceeding is started, the Petitioner must give notice of this marriage dissolution action to the Support and Collections office for the county paying the assistance.

- a. Does Petitioner receive public assistance from the State of Minnesota?

☐ YES ☐ NO

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP in the amount of \$_____per month
☐ Tribal TANF in the amount of \$_____per month
☐ General Assistance in the amount of \$_____per month
☐ Child Care Assistance ☐ MinnesotaCare ☐ Medical Assistance

- b. Does Respondent receive public assistance from the State of Minnesota?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP in the amount of \$_____per month
☐ Tribal TANF in the amount of \$_____per month
☐ General Assistance in the amount of \$_____per month
☐ Child Care Assistance ☐ MinnesotaCare ☐ Medical Assistance

- c. Do the joint children of the parties receive public assistance from the State of Minnesota?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP ☐ Medical Assistance ☐ Tribal TANF ☐ MinnesotaCare
☐ IV-E Foster Care

19. Supplemental Security Income (SSI)

Supplemental Security Income (SSI) is a Federal income supplement program. It is available to low-income people if they are over age 65, or blind, or disabled.

- a. Does Petitioner receive Supplemental Security Income (SSI)? ☐ NO ☐ YES in the amount of \$_____ per month.
- b. Does Respondent receive Supplemental Security Income (SSI)? ☐ NO ☐ YES in the amount of \$_____ per month.

- c. Do any of the joint children of the parties receive Supplemental Security Income (SSI)?
☐ NO ☐ YES in the amount of \$_____per month. What is the name of the child receiving SSI?_____

20. School

Is Petitioner currently enrolled in school? ☐ YES ☐ NO If Yes:

- a. The name of the school is _____
- b. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other
- c. The type of degree expected is _____and the expected graduation date is _____.

Is Respondent currently enrolled in school? ☐ YES ☐ NO ☐ UNKNOWN If Yes:

- a. The name of the school is _____
- b. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other
- c. The type of degree expected is _____and the expected graduation date is _____.

21. Petitioner's Employment

- a. Is Petitioner employed? ☐ YES ☐ NO
- b. Is Petitioner Self-Employed? ☐ YES ☐ NO
- c. Is Petitioner working at least 40 hours per week? ☐ YES ☐ NO

If you are unemployed or working less than 40 hours/week, answer these questions:

- i. Explain why you are not working or why you work less than 40 hours/week._____

- ii. What is your past work experience (type of jobs, hours, pay, length of time at the job) and what are your professional qualifications or licenses?_____

- d. **Current Employment:** (If Petitioner has more than two jobs at this time, use an attachment for the additional jobs.)

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City

State

Zip Code

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City

State

Zip Code

Questions about Current Jobs	1 st Job	2 nd Job
Are you paid by the hour or do you have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours you work per week?	_____ hours	_____ hours
How much overtime pay do you receive per week on average?	\$ _____	\$ _____
Do you receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much did you receive in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____	If Yes, how much did you receive in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____

22. Petitioner's Income

NOTE: There is a separate form called "Financial Affidavit" which you must fill out, serve on your spouse, and file with the court at the time you file this Petition. You must include proof of your income with the Financial Affidavit.

If you do not have income in a category, enter zero (0). Do not list public assistance benefits as income (e.g. MFIP, GA, SSI).

Source of Income **Amount Per Month** (or zero) before deductions/taxes

Self Employment Income \$_____ per month

Self Employment income means gross receipts minus costs of goods sold minus ordinary and necessary business expenses. Include Schedule "C" from last year's tax return to this Petition.

Job with _____ \$_____ per month

Your monthly income from a job = Hourly wage x Hours worked per week x 4.33 (weeks per month)

Second Job with _____ \$_____ per month

Third Job with _____ \$_____ per month

Commissions from all jobs \$_____ per month

Divide the total amount you expect this year by 12 to get a monthly average

Unemployment benefits \$_____ per month

Social Security Retirement, Survivors or Disability

Income (RSDI) (do not include SSI) \$_____ per month

Investment and Rental Income \$_____ per month

Annuity payments \$_____ per month

Pension or Disability from work or military \$_____ per month

Worker's Compensation \$_____ per month

Court-ordered spousal maintenance you receive \$_____ per month

Other income _____ \$_____ per month

Identify Source

Add all of the above. Total monthly income \$_____ per month

Enter the amount of child support you are court-ordered to pay for any nonjoint child(ren) \$_____ per month

Enter the amount of spousal maintenance you are court-ordered to pay to your current or former spouse \$_____ per month

Enter the amount of Social Security or Veteran's Benefits provided to a joint child because of your retirement, disability, or other eligibility \$_____ per month

If you entered an amount, which parent receives the payment for the child?

☐ Petitioner ☐ Respondent

23. Living Expenses for the Family

☐ a. Petitioner and Respondent and our children are still living together. Our current monthly living expenses for our family total \$_____.

OR

☐ b. Petitioner and Respondent are living separately. Our monthly family living expenses **before** we separated totaled \$_____. At this time, Petitioner's separate monthly living expenses total \$_____, and Respondent's monthly living expenses total \$_____ or ☐ are unknown to Petitioner. Of the total current monthly living expense for Petitioner, what dollar amount is for expenses just for the children that live with Petitioner? \$_____. Of the total current monthly living expenses for Respondent, \$_____ is for expenses just for the children that live with Respondent, or ☐ this is UNKNOWN.

24. Expenses for Special Needs for the Children

a. Is there a child of the parties who has special needs and extraordinary medical expenses?

☐ YES ☐ NO If Yes,

Name of child with special needs:_____

Describe the needs:_____

b. Does Petitioner's monthly living expense (stated at #23) include the special needs expenses for the child? ☐ YES ☐ NO

c. Does Respondent's monthly living expense (stated at #23) include the special needs expenses for the child? ☐ YES ☐ NO

25. Respondent's Employment

a. Is Respondent employed? ☐ YES ☐ NO ☐ UNKNOWN

b. Is Respondent Self-Employed? ☐ YES ☐ NO ☐ UNKNOWN

c. Is Respondent working at least 40 hours per week? ☐ YES ☐ NO ☐ UNKNOWN

If Respondent is unemployed or works less than 40 hours/week, answer these questions:

i. Explain why Respondent is not working or why Respondent works less than 40 hours/week _____

ii. What is Respondent's past work experience (type of jobs, hours, pay, length of time at the job) and professional qualifications or licenses? _____

- d. Current Employment: (If Respondent has more than two jobs at this time, use an attachment for the additional jobs.)

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City

State

Zip Code

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City

State

Zip Code

Questions about Jobs	1 st Job	2 nd Job
Is Respondent paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown
What is the average number of hours Respondent works per week?	_____ hours <input type="checkbox"/> Unknown	_____ hours <input type="checkbox"/> Unknown
How much overtime pay does Respondent receive per week on average?	\$ _____ <input type="checkbox"/> Unknown	\$ _____ <input type="checkbox"/> Unknown
Does Respondent receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, how much did Respondent receive in bonuses last year? \$ _____ How much does Respondent expect to receive this year? \$ _____	If Yes, how much did Respondent receive in bonuses last year? \$ _____ How much does Respondent expect to receive this year? \$ _____

26. Respondent's Income

☐ Petitioner has no information about Respondent's income

OR

☐ Petitioner does not have detailed information about Respondent's income, but has good reason to believe that Respondent's pay is \$_____ per ☐ week ☐ month ☐ year, with bonuses, overtime or commissions in the additional amount of \$_____ per ☐ week ☐ month ☐ year. This is Respondent's ☐ Net Income (after taxes and deductions) or ☐ Gross Income (before taxes and deductions.)

OR

☐ Petitioner has detailed information about Respondent's income. If this is true, fill out the income information below.

If Respondent has no income in a category, enter zero (0). Do not list public assistance benefits as income (e.g. MFIP, GA, SSI).

Respondent's Source of Income	Amount Per Month (or zero) before deductions/taxes
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Self Employment Income	\$_____ per month
------------------------	-------------------

Self Employment Income means gross receipts minus costs of goods sold minus ordinary and necessary business expenses. Attach Schedule C from last year's tax return to this Petition, if available.

Job with _____	\$_____ per month
----------------	-------------------

Monthly income from a job = Hourly wage x Hours worked per week x 4.33 (weeks per month)

Second job with _____	\$_____ per month
-----------------------	-------------------

Commissions from all jobs	\$_____ per month
---------------------------	-------------------

Divide the total amount expected this year by 12 to get a monthly average

Unemployment benefits	\$_____ per month
-----------------------	-------------------

Social Security Retirement, Survivors or Disability	
---	--

Income (RSDI) (do not include SSI)	\$_____ per month
------------------------------------	-------------------

Investment and Rental Income	\$_____ per month
------------------------------	-------------------

Annuity payments	\$_____ per month
------------------	-------------------

Pension or Disability from work or military	\$_____ per month
---	-------------------

Worker's Compensation	\$_____ per month
-----------------------	-------------------

Court-ordered spousal maintenance received by Respondent	\$_____ per month
---	-------------------

Other income _____ \$ _____ per month
Identify Source

Add all of the above. Total monthly income \$ _____ per month

Enter the amount of child support Respondent is court-ordered
to pay for any nonjoint child(ren) \$ _____ per month

Enter the amount of spousal maintenance Respondent is court-ordered
to pay to a current or former spouse \$ _____ per month

Enter the amount of Social Security or Veteran's Benefits provided to a joint child because
of Respondent's retirement, disability, or other eligibility

\$ _____ per month

If you entered an amount, which parent receives the payment for the child?

☐ Petitioner ☐ Respondent

27. Child Care Costs

Are there child care costs for the joint children because of work or school? ☐ YES ☐ NO

If YES, **submit with this Petition** a receipt or signed letter from the child care provider
showing the cost of child care, and answer (a) (b) and (c):

a. How many of the joint children need child care? ☐ One ☐ Two ☐ Three ☐ _____

b. How much does the daycare center(s) or babysitter charge per month? \$ _____

(If you pay by the week, multiply the weekly charge by 4.33 to get the charge per month. If costs vary during
the year, use the total yearly costs and divide by 12.)

c. Who pays the child care costs?

Petitioner pays \$ _____ per month

Respondent pays \$ _____ per month

The County pays \$ _____ per month through a subsidy or child
care assistance.

d. If the County pays, who applied for the child care assistance?

☐ Petitioner ☐ Respondent ☐ There is no county assistance

28. Health Care Coverage

a. Minnesota Care and Medical Assistance are available from the State of Minnesota for
people who qualify. Who receives Minnesota Care or Medical Assistance?

☐ Petitioner ☐ Respondent ☐ Joint Children ☐ No one

b. Does Petitioner currently have medical insurance? (other than MN Care or Medical Assistance)

☐ Yes ☐ No. If no, skip to c.

i. Where does Petitioner get the medical insurance?

☐ through his/her employment

☐ buys private medical insurance

ii. How much does the medical insurance cost?

\$_____per month for single coverage

\$_____per month for single plus spouse (if this is offered)

\$_____per month for family coverage

iii. Who is currently covered by this medical insurance?

☐ Petitioner ☐ Respondent ☐ All the Joint Children ☐ Some of the joint children: Name the joint children who are covered_____

☐ Nonjoint children

c. Does Petitioner have dental insurance? (other than MN Care or Medical Assistance)

☐ Yes ☐ No. If no, skip to d.

i. Where does Petitioner get the dental insurance?

☐ through his/her employment

☐ buys private dental insurance

ii. How much does the dental insurance cost?

\$_____per month for single coverage

\$_____per month for single plus spouse (if this is offered)

\$_____per month for family coverage

☐ Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

☐ Petitioner ☐ Respondent ☐ All the joint children ☐ Some of the joint children: Name the joint children who are covered_____

☐ Nonjoint children

d. Does Respondent have medical insurance? (other than MN Care or Medical Assistance)

☐ Yes ☐ No ☐ Unknown. If No/ Unknown, skip to e.

i. Where does Respondent get the medical insurance?

- ☐ through his/her employment
☐ buys private medical insurance

ii. How much does the medical insurance cost?

\$_____per month for single coverage
\$_____per month for single plus spouse (if this is offered)
\$_____per month for family coverage

iii. Who is currently covered by this medical insurance?

☐ Petitioner ☐ Respondent ☐ All the joint children ☐ Some of the joint

children: Name the joint children who are covered_____

☐ Nonjoint children

e. Does Respondent have dental insurance? (other than MN Care or Medical Assistance)

☐ Yes ☐ No ☐ Unknown If No/ Unknown skip to f.

i. Where does Respondent get the dental insurance?

- ☐ through his/her employment
☐ buys private dental insurance

ii. How much does the dental insurance cost?

\$_____per month for single coverage
\$_____per month for single plus spouse (if this is offered)
\$_____per month for family coverage

Or, ☐ Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

☐ Petitioner ☐ Respondent ☐ All the joint children ☐ Some of the joint

children: Name the joint children who are covered_____

☐ Nonjoint children

f. If the joint children are without health care coverage, is coverage available for purchase through Petitioner's or Respondent's employer? ☐ YES ☐ NO ☐ The children currently have health coverage

29. Spousal Maintenance

Spousal Maintenance is money paid by one spouse to the other for living expenses.

Check only one box:

☐ Petitioner and Respondent can each pay their own living expenses and do not need spousal maintenance at this time, or in the future.

☐ Petitioner or Respondent may need spousal maintenance in the future. The court should reserve maintenance to allow either party to ask for spousal maintenance in the future because: (explain why you want to do this) _____

☐ Petitioner needs spousal maintenance from Respondent now. Petitioner is _____ years of age, Petitioner and Respondent have been married for _____ years. Petitioner has the following education: _____

Petitioner's gross monthly income totals \$_____. Petitioner's monthly expenses total \$_____ and Petitioner is not able to maintain the standard of living established during the marriage because: _____

Respondent has the ability to pay Petitioner \$_____ per month for spousal maintenance.

☐ Respondent needs spousal maintenance from Petitioner now. Respondent is _____ years of age, Petitioner and Respondent have been married for _____ years. Respondent has the following education: _____

Respondent's gross monthly income totals \$_____. Respondent's monthly expenses total \$_____, and Respondent is not able to maintain the standard of living established during the marriage because: _____

Petitioner has the ability to pay Respondent \$_____ per month for spousal maintenance.

30. Vehicles

Vehicles are cars, trucks, boats, motorcycles, snowmobiles, personal watercraft, all terrain vehicles etc. owned by Petitioner or Respondent together or separately, including vehicles purchased after separation:

Does Petitioner own a vehicle? ☐ YES ☐ NO

Does Respondent own a vehicle? ☐ YES ☐ NO ☐ UNKNOWN

List all vehicles owned by Petitioner or Respondent together or separately:

Type of Vehicle (car, boat, truck etc.)	Year/Make/Model	Name(s) on Title	Value	Balance Owed	Monthly Payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

31. Marital Property

Marital property means almost anything that you or your spouse now own that was received or bought during the marriage, even during the times you were separated. Marital Property includes household goods, furniture, jewelry, boats, real estate and other things. Marital property does *not* include a gift or inheritance received by one spouse *alone*.

Has the marital property been divided already to the Petitioner's satisfaction?

☐ YES ☐ NO

If **NO**, Petitioner requests the following marital property: _____

32. Non-Marital Property

Non-marital property means: (1) anything that you or your spouse owned before the marriage; (2) anything that you or your spouse received as a gift, bequest, devise, or inheritance, *to you or your spouse alone*; (3) anything that you or your spouse got in trade or in exchange for your non-marital property; (4) anything that is an increase in the value of non-marital property; (5) anything you or your spouse received after the valuation date set by the court; or (6) anything defined as non-marital property by a valid antenuptial contract.

a. Does Petitioner have non-marital property? ☐ YES ☐ NO

If YES, list Petitioner's non-marital property: _____

b. Does Respondent have non-marital property? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list Respondent's non-marital property: _____

33. Cash & Accounts – Not including Pension and Employer-Funded Retirement Accounts

Does Petitioner have money in banks, savings, cash or investments? ☐ YES ☐ NO

Does Respondent have money in banks, savings, cash or investments? ☐ YES ☐ NO

☐ UNKNOWN

If YES,

a. List all accounts owned by you alone, your spouse alone, or owned by both of you jointly including those opened after separation. "Type of account" means checking, savings, money market accounts, certificates of deposit, stocks, bonds, stock options, mutual funds, savings bonds, and Treasury Bills, etc. Use Confidential Information Form 11.1 (CON111) to list Financial Institution name, account holder name(s), and account numbers.

Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #37.

Financial Institution	Type of Account	Amount	Belongs to: (name on account)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

b. List cash not listed at a.:

Petitioner has cash in the amount of \$_____.

Respondent has cash in the amount of \$_____OR ☐ UNKNOWN

34. Business Interest

Does Petitioner have an interest in a business? ☐ YES ☐ NO

Does Respondent have an interest in a business? ☐ YES ☐ NO ☐ UNKNOWN

If YES, the name of the business is _____, the address is

_____ and the value is \$_____. How did you arrive at this value?_____

35. Manufactured Home

Does Petitioner own a manufactured home? ☐ YES ☐ NO

Does Respondent own a manufactured home? ☐ YES ☐ NO ☐ UNKNOWN

If either Petitioner or Respondent own a manufactured home, together or separately, complete the following information:

a. Address of the manufactured home: _____

in the city of _____, state of _____

b. What type of home is it? (single, double-wide etc.)_____

c. Whose name(s) is on the title?_____

d. When was the home purchased?_____

e. What was the purchase price? \$_____

f. What is the current values of the home? \$_____

g. How did you arrive at that amount as the current value?_____

h. How much money is still owed on the home? \$_____

i. If money is owed on the home, who is the money owed to? _____

j. Do you own the land the home sits on, or do you rent a lot? ☐ Rent ☐ Own

Note: If you own the lot, you must list the land at Paragraph 36.

36. Real Property - Land, Buildings, Contracts for Deed

All real property now owned by Petitioner or Respondent together or separately must be listed. Include real property acquired before the marriage, during the marriage, and after separation.

- a. Do Petitioner and Respondent jointly own real property? ☐ YES ☐ NO
- b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent? ☐ YES ☐ NO
- c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner? ☐ YES ☐ NO ☐ UNKNOWN
- d. How many properties are owned by you and your spouse in total? ☐ None ☐ One ☐ Two ☐ Three ☐ _____

If you or your spouse own real property, separately or together, complete the following information about the property. If there is more than one piece of real property, photocopy and complete a Real Property Information page for each piece of property. Staple the additional sheets to this Petition, and label each sheet "Attachment to Petition of _____(your name)"

Real Property Information

1. Real Estate belongs to: (List full names of all owners) _____

2. Legal Description is: (The full legal description **must** be included. Copy the legal description from the deed. Do not use the property tax statement legal description. If the legal description is long, you may use an attachment. Type or print neatly.)

3. Street Address of the real property is _____
City _____ State _____ Zip code _____
The property is in _____ County.
4. Purchase date _____ (month , day, year) and purchase price: \$ _____

5. Mortgages or loans: (List all mortgages and loans on the property)

☐ There are no mortgages or loans on this property.

1st Mortgage: Amount currently owed \$ _____

and name of lender _____

2nd Mortgage: Amount currently owed \$ _____

and name of lender _____

Other mortgages or loans: _____

6. Current Market Value of this property: \$ _____

How did you arrive at this value? _____

7. This property is the homestead: _____ Yes _____ No

37. Retirement Plans

a. Does **Petitioner** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO If **YES**:

The name of the Financial Institution, account holder name, and account number is listed on Confidential Information Form 11.1 (CON111). The current balance is: _____

b. Has **Petitioner**, or Petitioner's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Petitioner?

☐ YES ☐ NO

If **YES**:

i. The name of the plan is: _____

ii. The employer, union or group providing the plan is: _____

iii. The date Petitioner began working at the job or joined the union or group plan is: _____

iv. The type of plan is: (e.g. defined benefit, defined contribution) _____

v. The present value of the pension or plan is: _____

c. Does **Respondent** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO ☐ UNKNOWN

If YES:

The name of the Financial Institution, account holder name, and account number is listed on Confidential Information Form 11.1 (CON111). The current balance is: _____.

d. Has **Respondent**, or Respondent's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Respondent?

☐ YES ☐ NO ☐ UNKNOWN

If YES, and it is a **Pension, Profit-Sharing, or other Retirement Plan**:

i) The name of the plan is: _____

ii) The employer, union or group providing the plan is: _____

iii) The date Respondent began working at the job or joined the union or group plan is: _

iv) The type of plan is: (e.g. defined benefit, defined contribution) _____

v) The present value of the pension or plan is: _____

38. Debts

Does Petitioner have debt? ☐ YES ☐ NO

Does Respondent have debt? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list debts in your name, your spouse's name and in both names jointly. Include unpaid debts from before the marriage date, during the marriage, and after separation. Fill in all information completely and attach another sheet of paper if necessary.

Money is owed to:	Money was used for:	Whose Name is on the Account and When was the Debt Incurred? Name Date	Balance Owed	Monthly Payment
			\$	\$
			\$	\$
			\$	\$

BASED UPON THE ABOVE INFORMATION, Petitioner requests that the Court issue a final judgment and decree granting the following relief:

1. Dissolving the bonds of matrimony between Petitioner and Respondent to end the marriage.
2. **Legal Custody** : Legal Custody means which parent(s) have a say in the major decisions regarding the child(ren)'s life including education, religious upbringing and medical treatment.

Granting **legal** custody of each minor child of the parties as follows:

Name of Child	Granting Legal Custody:
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.

3. **Physical Custody**: Physical custody identifies which parent(s) will handle the routine daily care and control of the child(ren).

Granting **physical** custody of each of the minor children of the parties as follows:

Name of Child	Granting Physical Custody:
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.

	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
--	--

4. Parenting Time

- a. Petitioner's parenting time shall be: ☐ Unsupervised ☐ Supervised ☐ Reserved
- b. Respondent's parenting time shall be: ☐ Unsupervised ☐ Supervised ☐ Reserved
- c. Parenting Time Schedule shall be as follows:

(Clearly explain the time each parent will spend with each child. Include the time (o'clock) when the child will transfer from one parent to the other. If you want the order to say who will pick up and drop off the child, include that under "Other.")

Regular schedule:

Monday through Friday: _____

Weekends: _____

Summer (if you want a different schedule in summer) _____

Telephone contact with the child(ren): ☐ Unlimited or ☐ Only at certain times as follows: (describe the days and times when the parent and child(ren) may have telephone contact) _____

Exceptions to the Regular Schedule:

You can have a different schedule for holidays, school release days, and birthdays. If you do not want a different schedule, leave it blank.

School Release days or breaks during the school year_____

Any school release day schedule will supersede the regular parenting schedule.

Birthdays (child's birthday, parent's birthday)_____

Holidays_____

Any holiday or birthday schedule will supersede the regular and school release parenting schedule.

Other _____

d. Under the above Schedule:

The children are with Petitioner:

- ☐ less than 10% of the time
- ☐ 10-45% of the time
- ☐ 45.1-50% of the time
- ☐ more than 50% of the time

The children are with Respondent:

- ☐ less than 10% of the time
- ☐ 10-45% of the time
- ☐ 45.1-50% of the time
- ☐ more than 50% of the time

5. Child Support

Ordering the payment of child support based on each parent's income. If either parent fails to provide income information, the court will set child support based on the available evidence and Minnesota law.

6. Health Care Coverage for the Joint Children

Choose a, b, or c.

☐ a. ☐ Petitioner ☐ Respondent shall provide medical insurance for the joint minor child(ren):

☐ through his/her employer or union OR

☐ by obtaining and paying for private insurance.

☐ Petitioner ☐ Respondent shall provide dental insurance for the joint minor child(ren):

☐ through his/her employer or union OR

☐ by obtaining and paying for private insurance.

The other parent must contribute to the costs of health coverage as required by law.

OR

☐ b. If Medical Assistance or Minnesota Care is open for the child(ren), ordering the non-custodial parent to make a sum certain payment as reimbursement through income withholding through the Minnesota Child Support Payment Center.

OR

☐ c. Reserving the issue of medical and dental insurance for the minor children.

☐ d. Other: _____

7. Unreimbursed Medical and Dental Costs for the Children

"Unreimbursed medical and dental costs" are expenses not covered by insurance, not paid by medical assistance, and not paid by the State of Minnesota. Examples include deductibles, co-pays, and procedures not covered by insurance or assistance. Choose a. or b.

☐ a. Ordering each parent to pay a share of the unreimbursed medical and dental costs for the child(ren) of the parties, based on the relative incomes of the parties; **OR**

☐ b. Reserving the issue of unreimbursed medical and dental costs.

8. Medical and Dental Insurance for the Parties

☐ a. Ordering each party to provide for his or her own ☐ medical ☐ dental insurance.

- ☐ b. Ordering _____(full name) to provide ☐ medical
☐ dental insurance for _____(full name).
- ☐ c. Allowing _____(full name), at his/her own expense,
to continue the dependent coverage available under the other party's insurance
plan, pursuant to federal and state statutes.
- ☐ d. Reserving the issue of medical and dental insurance for the parties.

9. Child Care Expenses

- ☐ a. Ordering Petitioner and Respondent to each pay a share of the monthly child care
expenses, according to Minnesota law; OR
- ☐ b. Reserving the issue of child care expenses.

10. Spousal Maintenance

- ☐ a. Maintenance is denied to Petitioner and Respondent.
- ☐ b. Reserving the issue of maintenance.
- ☐ c. Ordering ☐ Petitioner ☐ Respondent to pay spousal maintenance to
☐ Petitioner ☐ Respondent.

11. Vehicles

Awarding the vehicles as follows and ordering the party receiving the vehicles to pay for
any loans or insurance for such vehicle:

Year / Make / Model	Awarded to:

12. Marital Property

Dividing the parties' marital property, household goods, furniture and furnishings **either:**

- ☐ a. As currently divided **OR**
- ☐ b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

13. Non-Marital Property

Dividing the parties non-marital property

- ☐ a. As currently divided **OR**
- ☐ b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

14. Cash and Accounts

- a. Awarding the savings, and investments as follows:

Institution	Type of Account	Amount	Awarded to
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

- b. ☐ Awarding any cash not included in a. above to the party who currently has the cash

OR

☐ Awarding the cash as follows: _____

15. Business

☐ None OR

☐ Awarding the parties' **business** as follows: _____

16. Manufactured Home

☐ None OR

☐ Awarding the manufactured home located at : _____
street address

city state

to ☐ Petitioner ☐ Respondent. The debt on the manufactured home owed to: _____

shall be paid by ☐ Petitioner ☐ Respondent.

17. Real Property

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of
Petitioner and Respondent in the real property located at:

Street address _____

in the City of _____, County of _____,

State of _____, which has the following legal description: _____

with the following mortgages and loans to be paid, after the divorce is final, by

☐ Petitioner ☐ Respondent:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$ _____ and name of lender: _____

and subject to the following liens or other agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$ _____

☐ Other request regarding the property: (describe the request fully) _____

18. Additional Real Property

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of
Petitioner and Respondent in the real property located at:

Street address _____

in the City of _____, County of _____,

State of _____, which has the following legal description: _____

with the following mortgages and loans to be paid, after the divorce is final, by

☐ Petitioner ☐ Respondent:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$ _____ and name of lender: _____

and subject to the following liens or other agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$ _____

☐ Other request regarding the property: (describe the request fully)_____

19. Retirement Funds

- a. Awarding Petitioner's pension, profit sharing, retirement plan, I.R.A., or 401(k) or other retirement fund as follows:
- ☐ 100% to Petitioner **OR**
- ☐ Dividing Petitioner's retirement benefits fairly and equitably between the parties.
- b. Awarding Respondent's pension, profit sharing, retirement plan, I.R.A.or 401(k) or other retirement fund as follows:
- ☐ 100% to Respondent **OR**
- ☐ Dividing Respondent's retirement benefits fairly and equitably between the parties.

20. Debts

- ☐ a. Dividing the debts as follows and ordering each party to hold the other harmless from any responsibility for the debts so divided. *Include all debts listed at 38 above.*

Debt Owed To:	To Be Paid By:

- ☐ b. Ordering that each party is solely responsible for paying any other debts incurred solely by him or her and ordering each party to hold the other harmless from any responsibility for such separately incurred debts.

21. Name Change

☐ Petitioner is not requesting a name change; OR

☐ Changing Petitioner's name to: _____
First Middle Last

22. Other _____

23. Ordering such other relief as the Court deems just and equitable.

24. READ and SIGN the Verification and Acknowledgments.

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Petition is signed)

Verification and Acknowledgments

- a. I have read this document. To the best of my knowledge, information and belief the information contained in this document is well grounded in fact and is warranted by existing law.
- b. I have not been determined by any Court in Minnesota or in any other State to be a frivolous litigant and I am not the subject of an Order precluding me from serving or filing this document.

- c. I am not serving or filing this document for any improper purpose, such as to harass the other party or to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.
- d. I understand that if I am not telling the truth or if I am misleading the Court or if I am serving or filing this document for an improper purpose, the Court can order me to pay money to the other party, including the reasonable expenses incurred by the other party because of the serving or filing this document, Court costs, and reasonable attorney's fees. I understand that I could also be prosecuted for perjury if I am not telling the truth in my Petition.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

DATE: ____/____/____
Month Day Year

Petitioner's Signature

Street Address: _____

City, State: _____

Zip Code: _____

Telephone: (____) _____

E-mail address: _____